

Food Protection Forms

<u>Form Number</u>	<u>Name/Description</u>
<i>E1.17</i>	Emergency Response Information Form
<i>E.19</i>	Goods Embargoed
<i>E1.23</i>	Warning Against Removal of Embargoed Goods (Colored Green Tag)
<i>E1.24</i>	Work Order
<i>E6.07</i>	Sanitation Observations
<i>E6.10</i>	Official Sample Sticker
<i>E6.11</i>	Goods Released/Goods Condemned as Unfit for Human Consumption
<i>E6.11A</i>	Goods Released or Goods Condemned as Unfit for Human Consumption Worksheet
<i>E6.11B</i>	Goods Released
<i>E6.37</i>	Food Establishment Inspection Report
<i>E6.37A</i>	Food Establishment Inspection Report of 2
<i>E6.37B</i>	Food Establishment Public Health Priority Assessment
<i>E6.37C</i>	Food Product Compliant
<i>DH-50</i>	Change Order

DHSS Lab 10G-Bacteria Lab Analysis (H20)

DHSS Lab 52-Food & Drug Specimen

DHSS Lab 65-Chemical H2O Analysis



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR ENVIRONMENTAL PUBLIC HEALTH
PO. BOX 570, JEFFERSON CITY, MO 65102-0570, (866) 628-9891

EMERGENCY RESPONSE INFORMATION

DATE		TIME OF OCCURRENCE	
TIME OF NOTIFICATION (INCLUDE DATE IF DIFFERENT FROM ABOVE)			
NOTIFYING PERSON AND AGENCY			
TYPE OF INCIDENT (FIRE, FLOOD, TRUCK/TRAIN WRECK)		LOCATION OF INCIDENT (STREET, CITY, STATE, ZIP CODE, HIGHWAY, MILE MARKER, TOWN, COUNTY)	
TIME OF ARRIVAL AT INCIDENT			
TYPE OF PRODUCTS INVOLVED			
NAME OF BROKER, OWNER, ETC.			
ADDRESS OF BROKER, OWNER, ETC.			
NAME OF AUTHORITY AND AGENCY AT SITE (I.E., SHERIFF, HIGHWAY PATROL, LIQUOR CONTROL AGENT, INSURANCE CO.)			
AMOUNT OF PRODUCTS (WT, VOL., CASES, ETC.)			
CONDITION OF PRODUCTS (E)(TENT OF DAMAGE, TEMP)		WEATHER CONDITIONS (RAIN, TEMPERATURE, ETC.)	
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES SEAL NUMBERS			
DISPOSITION OF PRODUCTS (I.E., EMBARGOED, DESTROYED, MOVED TO INTERIM LOCATION, RELEASED)			
ADDITIONAL INFORMATION BELOW TO BE FILLED OUT WHEN RESPONDING TO A TRUCK WRECK			
NAME OF TRUCKING FIRM			
ADDRESS OF TRUCKING FIRM			
DRIVER'S NAME AND ADDRESS			
LOADING CREW CHIEF'S NAME AND ADDRESS			
POINT OF ORIGIN (FIRM'S NAME, STREET ADDRESS, CITY, STATE, ZIP CODE)			
POINT OF DESTINATION (FIRM'S NAME, STREET ADDRESS, CITY, STATE ZIP CODE)			
WRECKED TRAILER NO.		WRECKED TRAILER LICENSE NO.	
NEW TRAILER NO.		NEW TRAILER LICENSE NO.	
NEW TRUCKING FIRM'S NAME			
NEW TRUCKING FIRM'S ADDRESS			
TIME OFF-LOADING STARTED		TIME OFF-LOADING COMPLETED	
ESTIMATED TIME AND DATE OF ARRIVAL AT POINT OF DESTINATION			
INTERIM LOCATION OF PRODUCTS (IF PRODUCTS DELAYED IN PROCEEDING TO POINT OF DESTINATION)			
HEALTH AGENCY REPRESENTATIVE		AGENCY	
EPHS NUMBER			

MO 580-0958 (7-03)

DISTRIBUTION: WHITE- OWNER CANARY- COUNTY HEALTH OFFICE PINK- CENTRAL OFFICE
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER service provided on a nondiscriminatory basis

ENVIRONMENTAL HEALTH OPERATIONAL GUIDELINES



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES SECTION FOR
ENVIRONMENTAL PUBLIC HEALTH
P.O. BOX 570, JEFFERSON CITY, MO 65102-0570, (866) 628-9891

GOODS EMBARGOED

NAME OF OWNER/BROKER		TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
EVENT (FLOOD, FIRE, TRUCK WRECK, ETC.)		
EVENT ADDRESS (STREET, CITY, STATE, ZIP CODE, HIGHWAY, MILE MARKER, TOWN, COUNTRY)		
LOCATION OF GOODS EMBARGOED (IF DIFFERENT THAN ABOVE)	MDHSS SEAL NUMBERS	
HEALTH AGENCY REPRESENTATIVE	EPHS NUMBER	
HEALTH AGENCY NAME	HEALTH AGENCY TELEPHONE NUMBER ()	
REMARKS _____ _____		
EMBARGOED GOODS		
NAME OF PRODUCT	NUMBER OF UNITS(Cases, cans, bottles, pounds, etc.)	DESCRIPTION OF PRODUCTS
<input type="checkbox"/> Pursuant to 196.030, We the undersigned hereby acknowledge that the above-named goods have been embargoed, and agree not to remove or dispose of any such goods until we have received permission from a representative of the Department of Health and Senior Services or the Court		
DATE	SIGNATURE OF RESPONSIBLE PARTY	

MO 580-2653 (3-03) **DISTRIBUTION:** **WHITE:-** OWNER **CANARY-** COUNTY HEALTH OFFICE **PINK-** CENTRAL OFFICE

AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER service provided on a nondiscriminatory basis



WARNING

All persons are warned not to remove or dispose of this/these article(s) by sale or other means until permission for removal or disposal is given by the Missouri Department of Health & Senior Services, Local Public Health Agency or the court.

The Missouri Department of Health & Senior Services or the Local Public Health Agency has embargoed this/these article(s) under the authority of Chapter 196.030 RSMo due to suspected adulteration or misbranding as defined in Chapters RSMo 196.070 and 196.075.

DO NOT BREAK THIS SEAL

For more information contact:

Missouri Department of Health and Senior Services
Section for Environmental Public Health
(866) 628-9891



STATE OF MISSOURI
DEPARTMENT OF HEALTH and SENIOR SERVICES
PO Box 570
Jefferson City, MO 65102-0570

CLOSING ORDER FOR ESTABLISHMENTS HANDLING FOOD

Date _____

Establishment

NAME _____ TYPE _____

Address

STREET _____ CITY _____ COUNTY _____

Owners Name

LAST _____ FIRST _____ MIDDLE _____

STREET _____ CITY _____ COUNTY _____

Address

Under authority given the Director of the Department of Health, in Sections 196.240, 196.245, and 196.250, Revised Statutes of Missouri 1978, your place of business constitutes a menace to public health and is closed for the following causes: (All Work Orders or Inspection Reports attached or listed below are incorporated in this Closing Order.)

Your place of business shall remain closed until causes for which this order was issued are removed. This order will be revoked upon proper proof to the Director or representative that compliance has been made, and that such place may be reopened without endangering the public health. Section 196.250 RSMo specifies that "the word closed... shall be construed to mean a suspension of business and it shall be unlawful... to transact any business in violation of any order..."

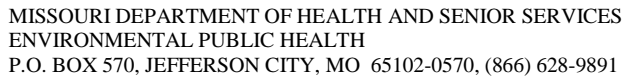
Title: _____

Receipt of the above and foregoing closing order of the Department of Health is hereby acknowledged on this _____

day of _____ 20 _____

Signature: _____

OWNER



ESTABLISHMENT NAME						PAGE OF	
TELEPHONE NUMBER ()				FAX NUMBER ()			
MAILING ADDRESS		CITY		STATE		ZIP CODE	
PHYSICAL ADDRESS		CITY		STATE		ZIP CODE	
DURING AN INSPECTION AND/OR EVALUATION OF YOUR _____ THE FOLLOWING CONDITIONS WERE OBSERVED AND MUST BE CORRECTED:							
INSPECTED BY				EPHS NUMBER			
AGENCY NAME		TELEPHONE NUMBER			FAX NUMBER		
AGENCY ADDRESS		CITY		STATE		ZIP CODE	
RECEIVED BY				DATE			

OFFICIAL SAMPLE	
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES P.O. BOX 570 JEFFERSON CITY, MO 65102	Product _____
	Date Collected _____
	Agent (and no.) _____
	Broken by (Lab.) _____ DATE _____



GOODS RELEASED/GOODS CONDEMNED AS UNFIT FOR HUMAN CONSUMPTION

NAME OF OWNER		OF
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
LOCATION OF CONDEMNED GOODS		MDHSS SEAL NUMBER
LOCATION OF CONDEMNED GOODS		
REMARKS		
HEALTH AGENCY		EPHS NUMBER
HEALTH AGENCY REPRESENTATIVE		HEALTH AGENCY TELEPHONE NUMBER
GOODS CONDEMNED		
NAME OF PRODUCT	NUMBER OF UNITS (Cases, cans, bottles, pounds, etc)	DESCRIPTION OF PRODUCTS
GOODS RELEASED		
NAME OF PRODUCT	NUMBER OF UNITS (Cases, cans, bottles, pounds, etc)	DESCRIPTION OF PRODUCTS
<input type="checkbox"/> Pursuant to RSMo 196.030, we the undersigned willingly surrender the above named goods for destruction or denaturing.		
DATE		SIGNATURE OF RESPONSIBLE PARTY/OWNER



**GOODS RELEASED/GOODS CONDEMNED AS UNFIT FOR HUMAN
CONSUMPTION WORKSHEET**

PAGE
OF

GOODS CONDEMNED

NAME OF PRODUCT	NUMBER OF UNITS (Cases, cans, bottles, pounds, etc.)	DESCRIPTION OF PRODUCTS

GOODS RELEASED

NAME OF PRODUCT	NUMBER OF UNITS (Cases, cans, bottles, pounds, etc.)	DESCRIPTION OF PRODUCTS



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES SECTION FOR
ENVIRONMENTAL PUBLIC HEALTH

FOOD ESTABLISHMENT INSPECTION REPORT

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY, FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.						P.H. PRIORITY H M L		
ESTABLISHMENT NAME				PERSON IN CHARGE		PHONE		
ADDRESS			DISTRICT		COUNTY		FAX	
CITY/ZIP		ESTAB NO.		PURPOSE		WATER SUPPLY		
ESTABLISHMENT TYPE				<input type="checkbox"/> PRE-OPENING <input type="checkbox"/> ROUTINE <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> COMPLAINT <input type="checkbox"/> OTHER		<input type="checkbox"/> COMMUNITY <input type="checkbox"/> NONCOMMUNITY Results <input type="checkbox"/> PRIVATE Date Sampled		
<input type="checkbox"/> RESTAURANT <input type="checkbox"/> CONVENIENCE STORE <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> SENIOR CITIZEN <input type="checkbox"/> CATERER <input type="checkbox"/> TAVERN <input type="checkbox"/> BAKERY <input type="checkbox"/> FROZEN DESSERT <input type="checkbox"/> SCHOOL <input type="checkbox"/> USDA SUMMER FP <input type="checkbox"/> DELICATESSEN ESTABLISHMENT NO. <input type="checkbox"/> INSTITUTION <input type="checkbox"/> TEMP. FOOD STAND <input type="checkbox"/> MEAT CUTTING						SEWAGE DISPOSAL		
						<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		
FOOD PRODUCT		TEMP.	STORAGE LOCATION		FOOD PRODUCT		TEMP.	STORAGE LOCATION
FOOD CODE REFERENCES		CRITICAL ITEMS						
2 MANAGEMENT/PERSONNEL		CODE REFERENCE	DESCRIPTION: These items relate directly to factors which lead to foodborne illness. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.				Correct by (date)	Initial
2-1 Supervision								
2-2 Employee Health								
2-3 Personal Cleanliness								
2-4 Hygienic Practices								
3. FOOD								
3-1 Characteristics								
3-2 Sources, Containers & Records								
3-3 Protection from Contamination								
3-4 Cooking & Reheating								
3-5 Limiting Growth of Organisms								
3-6 Food Presentations & Labeling								
3-7 Contaminated Foods								
4 EQUIP., UTENSILS & LINENS								
4-1 Materials for Construction								
4-2 Design & Construction								
4-3 Numbers & Capacities								
4-4 Location & Installation								
4-5 Maintenance & Operation								
4-6 Cleaning								
4-7 Sanitation								
4-8 Laundering								
4-9 Protection of Clean Items								
		NON-CRITICAL ITEMS						
5 WATER, PLUMBING & WASTE								
5-1 Water								
5-2 Plumbing								
5-3 Mobile Water Tanks								
5-4 Sewage & Liquid Waste								
5-5 Refuse & Recycle/Returnables								
6 PHYSICAL FACILITIES								
6-1 Materials for Construction								
6-2 Design & Construction								
6-3 Numbers & Capacities								
6-4 Location & Placement								
6-5 Maintenance & Operation								
7 POISONOUS OR TOXIC ITEMS								
7-1 Labeling & Identification								
7-2 Supplies & Applications								
7-3 Storage & Display								
COMMENTS								
RECEIVED BY ►		NAME AND TITLE				DATE		
INSPECTED BY ►		NAME	EPHS NO.	PHONE/FAX		TIME IN	TIME OUT	



PAGE OF

ESTABLISHMENT	DIST.	CO.	EST.NO.	DATE
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CRITICAL ITEMS

[illegible]

NON-CRITICAL ITEMS

[illegible]



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR ENVIRONMENTAL PUBLIC HEALTH

FOOD ESTABLISHMENT PUBLIC HEALTH PRIORITY ASSESSMENT WORKSHEET

OWNER NAME		ESTABLISHMENT NAME	
ADDRESS			ZIP CODE
1. Past History			
Previous Involvement in foodborne illness		(1.5)	
Previous Critical Item violation		(1.0)	
No Critical violation		(0.5)	
2. Are Potentially hazardous food (PHF) items served?		Y (1.5)	N (0.5)
3. Are PHF's prepared only in individual portions?		Y (0.5)	N (1.5)
4. Are PHF's served from a buffet or salad bar?		Y (1.5)	N (1.0)
5. Are PHF's cooked, held, and/or reheated?		Y (1.5)	N (0.5)
6. Are PHF's prepared from raw non-frozen ingredients?		Y (1.5)	N (1.0)
7. Are PHF's prepared and held before service?		Y (1.5)	N (0.5)
8. Are PHF's extensively handled with multiple-step preparation?		Y (1.5)	N (0.5)
9. Is the average number of meals or patrons served per day		1-150 151-400 400- plus	(0.5) (1.0) (1.5)
10. Is a critical population served? (i.e., Day-care, School, Senior Nutrition Site)		Y (1.5)	N (0.5)
<p>Total Points _____ divide by 10= _____</p> <p>If no past history delete Item 1 and divide by 9= _____</p> <p>Public Health Priority if:</p> <p>(>1.1) HIGH</p> <p>(.9-1.1) MEDIUM</p> <p>(<.9) LOW</p>			

E6.37b



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR ENVIRONMENTAL PUBLIC HEALTH

FOOD PRODUCT COMPLAINT RECORD

Mail or Fax Completed Form to: Missouri Department of Health and Senior Services, Section for Environmental Public Health, P.O. Box 570, Jefferson City, Missouri 65102. Our fax number is (573) 526-7377. Our toll free phone number is (866) 928-9891.

1. DATE OF COMPLAINT

MO/DAY/YEAR

2. FORM OF COMPLAINT

☐ TELEPHONE ☐ LETTER ☐ VISIT ☐ INTERNET/E-MAIL

3. SOURCE OF COMPLAINT

☐ CONSUMER ☐ GOVERNMENT ☐ LOCAL ☐ STATE ☐ FEDERAL
☐ OTHER

4. COMPLAINANT IDENTIFICATION

A. NAME AND ADDRESS (INCLUDE ZIP CODE)

B. AREA CODE AND HOME TELEPHONE NUMBER

AREA CODE AND WORK TELEPHONE NUMBER
()

5. COMPLAINT OR INJURY

A. DESCRIPTION OF COMPLAINT

B. DOES COMPLAINANT EXPECT ADDITIONAL STATE/FDA CONTACT?

☐ NO ☐ YES (Explain In Remarks)

6. INJURY OR ILLNESS RESULTED

A. ☐ NO ☐ YES (If "yes" complete items B through E)

B. SYMPTOM

☐ Vomiting Onset Time ☐ Nausea Onset Time ☐ Diarrhea Onset Time
☐ Fever Onset Time ☐ Skin/Eye Irr. Onset Time ☐ Headache Onset Time
☐ Other Onset Time

C. TIME PRODUCT USED/CONSUMED

D. HOSPITALIZATION REQUIRED

☐ NO ☐ YES (If "yes" give hospital name, address, phone number and dates)

E. PHYSICIAN CONSULTED

☐ NO ☐ YES (If "yes" give name, address, and phone number)

7. PRODUCT AND LABELING

A. NAME AND LOCATION OF STORE WHERE PURCHASED

B. SIZE AND TYPE OF PACKAGE

C. PRODUCT NAME

D. PACKAGE CODE/SERIAL
NUMBER/ETC.

E. DATE PURCHASED
(MO/DAY/YEAR)

F. PRODUCT USED (IF
"YES" ENTER DATE)

☐ NO ☐ YES — / —

G. AMOUNT OF PRODUCT
REMAINING

H. UPC CODE INFORMATION

I. UNOPENED PRODUCT AVAILABLE

☐ NO ☐ YES

8. MANUFACTURER/DISTRIBUTOR OF PRODUCT

A. NAME AND LOCATION OF FIRM (INCLUDE ZIP CODE)

INCLUDE PHONE NUMBER IF AVAILABLE ON PACKAGE

()

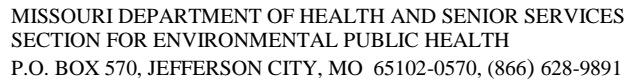
REMARKS (ATTACH ADDITIONAL PAGES IF NECESSARY)

NAME AND TITLE/EPHS NUMBER

AGENCY NAME AND TELEPHONE
NUMBER

DATE

MO 580-2659 (5-03) **DISTRIBUTION:** WHITE-COUNTY HEALTH OFFICE CANARY- CENTRAL OFFICE E6.37C
AN EQUAL OPPORTUNITY AFFIRMATIVE EMPLOYER service provided on a nondiscriminatory basis



GOODS RELEASED

NAME OF OWNER		TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
EVENT (FIRE, FLOOD, TRUCK WRECK, ETC.)			
LOCATION OF GOODS EMBARGOED (HIGHWAY, MILE MARKER, WRECKER/TOW COMPANY, STREET ADDRESS)		MDHSS SEAL NUMBER(S)	
DESCRIPTION OF GOODS			
HEALTH AGENCY REPRESENTATIVE		AGENCY NAME	
Pursuant to RSMo 196.030 (2), the above named goods are released from embargo and are hereby permitted to enter commerce.			
DATE		SIGNATURE OF RESPONSIBLE PARTY/OWNER	

MO 580-2681 (9/03) **DISTRIBUTION: WHITE-OWNER CANARY-COUNTY HEALTH OFFICE PINK-CENTRAL OFFICE E6.11B**
AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER services provided on a nondiscriminatory basis



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR ENVIRONMENTAL PUBLIC HEALTH

CHANGE ORDER

TO: SECTION FOR ENVIRONMENTAL PUBLIC HEALTH		DATE
FROM:	COUNTY CODE	TELEPHONE NUMBER ()
TYPE OF ESTABLISHMENT (PLEASE CHECK ONE)		
<input type="checkbox"/> LODGING ESTABLISHMENT <input type="checkbox"/> FOOD PROCESSOR <input type="checkbox"/> FROZEN DESSERT ESTABLISHMENT <input type="checkbox"/> FOOD ESTABLISHMENT (i.e., restaurant, school, grocery store) <input type="checkbox"/> WAREHOUSE		
STATUS CHANGE TO ESTABLISHMENT (PLEASE CHECK ALL THAT APPLY)		
<input type="checkbox"/> Change in Name <input type="checkbox"/> Change in Months of Operation <input type="checkbox"/> Change in Ownership <input type="checkbox"/> New Establishment <input type="checkbox"/> Change in Address <input type="checkbox"/> Close Establishment <input type="checkbox"/> Change in Telephone Number <input type="checkbox"/> Reactive Establishment <input type="checkbox"/> Change in Number of Units		
CHANGE IN NAME		
PREVIOUS NAME		NEW NAME
CHANGE IN OWNERSHIP		
PREVIOUS OWNER		NEW OWNER
CHANGE IN ADDRESS		
PREVIOUS NUMBER AND STREET		NEW NUMBER AND STREET
PREVIOUS CITY AND STATE		NEW CITY AND STATE
PREVIOUS ZIP CODE		NEW ZIP CODE
CHANGE IN TELEPHONE NUMBER		
PREVIOUS TELEPHONE NUMBER ()		NEW TELEPHONE NUMBER ()
CHANGE IN NUMBER OF UNITS		
PREVIOUS NUMBER OF UNITS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		NEW NUMBER OF UNITS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CHANGE IN MONTHS OF OPERATION		
PREVIOUS MONTHS OF OPERATION		NEW MONTHS OF OPERATION
FOR CENTRAL OFFICE STAFF ONLY		
ESTABLISHMENT NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CHANGED BY (INITIALS)	DATE

MO 580-0463 (11/02) **DISTRIBUTION: WHITE – CENTRAL OFFICE CANARY - LOCAL OFFICE DH-50**

DATE RECEIVED & ANALYZED

MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
BACTERIOLOGICAL WATER ANALYSIS

OFFICIAL			FOR DRINKING WATER ONLY		BOTTLE NUMBER
DATE SAMPLE COLLECTED				LOCATION:	EST. NO.
MO	DAY	YEAR	HOUR AM PM	<input type="checkbox"/> DAIRY FARM <input type="checkbox"/> USDA <input type="checkbox"/> RESTAURANT <input type="checkbox"/> GROCERY/CONVENIENCE STORE <input type="checkbox"/> MEAT, FISH & FOOD PROCESSING <input type="checkbox"/> OTHER _____	<input type="checkbox"/> MOTEL RESORT <input type="checkbox"/> PRIVATE HOME <input type="checkbox"/> LOAN
SUPPLY TYPE <input type="checkbox"/> PRIVATE <input type="checkbox"/> COMMUNITY PUBLIC <input type="checkbox"/> _____			<input type="checkbox"/> NON-COMM PUBLIC PROJECT NUMBER		
SAMPLE COLLECTED BY (REPORT WILL BE SENT TO PERSON COLLECTING SAMPLE.)					
NAME					
ADDRESS					
CITY		STATE		ZIP	
TELEPHONE NUMBER ()					
POINT OF SAMPLE COLLECTION		TOWNSHIP:		RANGE:	SECTION:
NAME			TELEPHONE NUMBER ()		
ADDRESS			COUNTY		
<input type="checkbox"/> RESAMPLE AFTER TREATMENT					
CONSTRUCTION TYPE <input type="checkbox"/> DRILLED WELL <input type="checkbox"/> BORED OR DUG WELL					
<input type="checkbox"/> SPRING (USED FOR DRINKING PURPOSES ONLY) <input type="checkbox"/> OTHER					
LABORATORY REPORT BASED UPON DEPARTMENT OF HEALTH BACTERIOLOGICAL STANDARDS FOR DRINKING PURPOSES. AT THE TIME THE SAMPLE WAS COLLECTED , THIS WATER WAS: <input type="checkbox"/> SATISFACTORY: <1 COLIFORM/100ML <input type="checkbox"/> UNSATISFACTORY: _____ COLIFORMS/100 ML <input type="checkbox"/> EXCESSIVE BACTERIAL GROWTH WITHOUT COLIFORM BACTERIA DETECTED: RECOMMENDED TREATMENT AND FOLLOW UP SAMPLE <input type="checkbox"/> UNACCEPTABLE FOR TESTING <input type="checkbox"/> OUTDATED: RECEIVED IN LABORATORY MORE THAN 48 HOURS AFTER COLLECTION <input type="checkbox"/> INCOMPLETE/INACCURATE INFORMATION <input type="checkbox"/> _____					
DATE REPORTED			LABORATORY NUMBER		

MO 580-0748 (9/93)

PLEASE PRESS FIRMLY

LAB-10G (R9-93)

COLLECTOR: PLEASE RETURN ALL 3 COPIES. MAKE SURE
ADDRESS IS LEGIBLE

LAB NO.

NUMBER ILL	TIME SUSPECTED FOOD INGESTED	TIME OF ONSET OF ILLNESS
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SYMPTOMS

NUMBER	SYMPTOM	DATE & TIME OF ONSET	DURATION	NUMBER	SYMPTOM	DATE & TIME OF ONSET	DURATION
	Nausea				Dizziness		
	Vomiting				Headache		
	Diarrhea				Prostration		
	Cramps				Paralysis		
	Fever				Blurred Vision		
	Chills						

MEALS

DATE	TIME CONSUMED	FOOD ITEMS	CONSUMED BY ILL PERSON(S)

ENVIRONMENTAL HEALTH OPERATIONAL GUIDELINES



SAMPLES SUBMITTED WITHOUT COLLECTION DATE WILL NOT BE TESTED

SUPPLY TYPE

BRIEF DESCRIPTION OF PROBLEM/REASON TESTING BEING REQUESTED

TESTS REQUESTED

FOR LABORATORY USE ONLY

REC

BY

DEPT

BY

LOG NO.

LAB 65 (R4-92)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR ENVIRONMENTAL PUBLIC HEALTH
P.O. BOX 570, JEFFERSON CITY, MO 65102-0570, (866) 628-9891

EMERGENCY RESPONSE INFORMATION

DATE		TIME OF OCCURRENCE	
TIME OF NOTIFICATION (INCLUDE DATE IF DIFFERENT FROM ABOVE)			
NOTIFYING PERSON AND AGENCY			
TYPE OF INCIDENT (FIRE, FLOOD, TRUCK/TRAIN WRECK)		LOCATION OF INCIDENT (STREET, CITY, STATE, ZIP CODE, HIGHWAY, MILE MARKER, TOWN, COUNTY)	
TIME OF ARRIVAL AT INCIDENT			
TYPE OF PRODUCTS INVOLVED			
NAME OF BROKER, OWNER, ETC.			
ADDRESS OF BROKER, OWNER, ETC.			
NAME OF AUTHORITY AND AGENCY AT SITE (I.E., SHERIFF, HIGHWAY PATROL, LIQUOR CONTROL AGENCY, INSURANCE CO.)			
AMOUNT OF PRODUCTS (WT., VOL., CASES, ETC.)			
CONDITION OF PRODUCTS (EXTENT OF DAMAGE, TEMP.)		WEATHER CONDITIONS (RAIN, TEMPERATURE, ETC.)	
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES SEAL NUMBERS			
DISPOSITION OF PRODUCTS (I.E., EMBARGOED, DESTROYED, MOVED TO INTERIM LOCATION, RELEASED)			
ADDITIONAL INFORMATION BELOW TO BE FILLED OUT WHEN RESPONDING TO A TRUCK WRECK			
NAME OF TRUCKING FIRM			
ADDRESS OF TRUCKING FIRM			
DRIVER'S NAME AND ADDRESS			
LOADING CREW CHIEF'S NAME AND ADDRESS			
POINT OF ORIGIN (FIRM'S NAME, STREET ADDRESS, CITY, STATE, ZIP CODE)			
POINT OF DESTINATION (FIRM'S NAME, STREET, ADDRESS, CITY, STATE, ZIP CODE)			
WRECKER TRAILER NO.		WRECKED TRAILER LICENSE NO.	
NEW TRAILER NO.		NEW TRAILER LICENSE NO.	
NEW TRUCKING FIRM'S NAME			
NEW TRUCKING FIRM'S ADDRESS			
TIME OFF-LOADING STARTED		TIME OFF-LOADING COMPLETED	
ESTIMATED TIME AND DATE OF ARRIVAL AT POINT OF DESTINATION			
INTERIM LOCATION OF PRODUCTS (IF PRODUCTS DELAYED IN PROCEEDING TO POINT OF DESTINATION)			
HEALTH AGENCY REPRESENTATIVE	EPHS NUMBER		AGENCY

MO 580-0958 **DESTINATION:** WHITE – OWNER **CANARY** – COUNTY HEALTH OFFICE **PINK** – CENTRAL OFFICE
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER service provided on a nondiscriminatory basis



**Missouri Department of Health and Senior Services
Section of Environmental Public Health**

**Chain of Custody Record
For
Official Samples of Foods, Drugs, or Cosmetics**

Sampler Signature	Office/Agency	Date/Time	
			Number of Containers
		Received by: Signature	Date/Time
		Received by: Signature	Date/Time
		Received by: Signature	Date/Time
		Received by: Signature	Date/Time
Dispatched by:	Date/Time	Received for Laboratory by: Signature	Date/Time
Method of Shipment			

Distribution: **White** - Send with shipment; **Canary** -Send with shipment and forward to Central Office after sample is received by Laboratory;
Pink - Originator; **Goldenrod** - Central Office at time sample is shipped.

**HANDSINK**

- * No handsink- 5-203.11
- Handwashing signage-6.301.14
- No soap at sink- 6.301.11
- No towels or dryer at sink- 6.301.12
- No wastebasket for disposable towels- 5.501.16 (C)
- No hot water (at least 110° F)- 5.202.12 (A)
- Metered faucet does not provide water for at least 15 seconds- 5.202.12 (C)
- * Sink not in food preparation area or convenient for employees- 5.204.11
- Sink is dirty (includes restroom sinks)- 6.501.18
- Sink used for purposes other than hand washing- 5.205.11 (B)
- Sink is blocked or inaccessible- 5.205.11 (A)

HYGIENIC PRACTICES AND PERSONAL CLEANLINESS

- * Employees not washing hands- 2.301.14
- * Employees not washing hands, properly- 2.301.12
- Employees' fingernails long, dirty polished or artificial- 2.302.11
- Employees wearing more jewelry than a plain ring, on arms or hands- 2.303.11
- Employees eating, drinking, or using tobacco- 2.401.11
- Hair restrained- 2.402.11

FOOD

- * Raw meats above RTE food- 3-302.11
- * Bare hands contact with RTE food- 3-301.11 (B)
- Improper use of gloves-3-304.15
- Improper thawing- 3-501.13
- * Food from an unapproved source or improperly labeled- 3-201.11
- * Food item is not in a hermetically sealed container, from an approved source- 3-201.12
- Condiments are not protected from Contamination-3-306.12
- * Food uncovered with the risk of cross-contamination- 3-302.11 (A)4
- Food uncovered- 3-305.11 (B)
- * Food that is unsafe, adulterated or contaminated (discarded)- 3-701.11
- * Reservice of PHF items- 3-306.14
- Food stored on floor or exposed to Moisture/contamination- 3-305.11
- Food storage is prohibited in areas such as restrooms, Mechanical rooms, under sewer lines, etc. -3-305.12
- Customers who make return trips to a buffet may Not use soiled tableware- 3-304.16
- In-use serving utensils not stored properly- 3-304.12
- Food on display not protected or Sneeze guards not present at buffet- 3-3-306.11
- Food stored on a cloth towel or napkin- 3-301.13

FOOD TEMPERATURES (HOT OR COLD)

- * PHF's not properly reheated for holding- 3-403.11
- * PHF's not held at 140° or above- 3-501.16 (A)
- * PHF's not held at 45° (41°) or below - 3-501.16 (B)
- * PHF's not cooled to 70° within 2 hours to less than 45° (41°) within 4 hours- 3-501.14
- * Incorrect cooking temperature- 3-401.11

Refrigeration equipment not maintaining temperature- 4-301.11

- * Time used for temperature control- 3-501.19

WAREWASHING

- Dishes dried with a towel (not air-dried)- 4-901.11
- Improper wash water temperature- 4-501.110
- * Improper manual-wash sanitizer temperature- 4-703.11
- * Improper mechanical-wash sanitizer temperature- 4-703.11
- Insufficient sanitizer- 4-501.114
- Improper use of warewashing sinks-4-501.16
- Dirty warewashing sinks or machine- 4-501.14
- Torn curtains or leaky door seals on machines- 4-501.11
- No audible or visible alarm for sanitizer on machine- 4-204.117
- Insufficient space or lack of drainboards for dirty and clean ware storage- 4-301.13
- Three-compartment sink required for manual warewashing- 4-301.12
- Incorrect order of wash-rinse sanitize- 4-603.16 (A)
- Temperature gauge on dishmachine is not functioning- 4-502.11 (C)

FOOD CONTACT SURFACES

- * Dirty FCCs-4-601.11A or 4-602.11
- * Chipped, cracked or broken- 4-202.11
- * Non-food grade materials used for food storage- 4-101.11
- * Vent hood dirty with grease dripping onto food surfaces- 4-601.11 (A)
- Wicker baskets used as food contact surface- 4-101.19
- * Utensils and FCS not sanitized before use- 4-702.11

NON FOOD CONTACT SURFACES

- Dirty NFCs- 4-601.11C or 4-602.13
- Sharp irregular surfaces- 402-
- Vent hood dirty- 4-601.11 (C)
- Aluminum foil or contact paper covering shelves- 4-101.111
- Wood shelves not sealed or painted- 4-101.111
- Torn or broken door seals, hinges etc. (poorly Maintained or in disrepair- 4-501.11

ICE

- Drink iced used for cooling food or other surfaces too: such as a bowl of lemons in drink ice- 3-303.11
- Packaged foods in undrained ice- 3-303.12
- Ice bagged on premises is unlabeled- 3-602.11

TEST KIT

- No test kit for sanitizer- 4-302.14

LABELING AND DATING

- * Ready to eat PHFs not dated- 3-501.17
- Food packaged on-site not labeled or bulk foods for Consumer service unlabelled- 3-602.11 (C)



Manufacturer's dating concealed or altered-
3-602.12 (B)

Containers storing foods that are not readily
and unmistakably recognized not labeled-
3-302.12

LIGHTING/BULBS

Unshielded bulbs- 6-202.11 (A)

Insufficient lighting- 6-303.11

Heat lamp not properly shielded- 6-202.11 (C)

LIVING QUARTERS

Separation of living quarters- 6-202.112

Prohibition of homes and rooms used for food

Preparation- 6-202.111

PESTS AND THEIR CONTROL

- * Mice feces or roaches seen- 6-501.111 or 3-302.11

Outer openings unprotected- 6-202.15

Pests control devices located in food preparation
and unable to contain bug fragments-
6-202.13 (B)

- * Bait stations are not covered or tamper resistant-
7-206.12

PHYSICAL FACILITIES

Dirty walls, floors or ceilings because of
infrequent cleaning- 6-501.12 (A)

Dirty walls, floors or ceilings because of
construction or improper installation-
6-201.11

Damaged floor tiles, holes in walls, missing ceiling
tiles- 6-501.11

Coats, purses and other personal items stored
improperly- 6-501.110 (B)

Distressed merchandise not held in designated
area separate from food, equipment, linens,
and single-service items- 6-404.11

Unnecessary items/clutter and litter- 6-501.114

Excessive heat, steam or fumes present, no mechanical
Ventilation- 6-304.11

PLUMBING/WASTE DISPOSAL

- * Unapproved sewage system- 5-403.11

- * Failing sewage system- 5-403.11

- * Insufficient water capacity (includes hot water)-
5-103.11

- * No air gap present- 5-202.13

- * Backflow prevention device not present- 5-203.14

- * Direct Connection exists between sewage system and drain
originating from food prep or warewashing sink- 5-402.11

- *S Leaking plumbing or plumbing in disrepair- 5-205.15
No mop sink- 5-203.13

RESTROOMS

No covered wastebasket in women's restroom- 5-501.17

No self-closing door to restroom- 6-202.14

No toilet paper- 6-302.11

Odors present, no mechanical ventilation- 6-304.11

Toilet dirty in restroom- 6-501.12

- * No restroom- 5-203.12

SANITIZER/WIPING CLOTHS

- * Equipment/ware not sanitized- 4-702.11

- * Improper method used to sanitize- 4-703.11

- * Sanitizer too strong- 7-202.12

Wiping cloths not stored in sanitizer- 3-304.14

SINGLE SERVICE

SS articles handled, dispensed or displayed improperly-
4-904.11

Re-use of SS prohibited- 4-502.13

Tube at milk dispenser too long and not cut diagonally-
4-502.13

Equipment, linens, single service not stored
properly- 4-903.11

SUPERVISION

- * Consumer Advisory requirement for raw or
undercooked foods- 3-603.11

- * Failure to designate a Person-in-Charge- 2-101.11

- * Unable to demonstrate knowledge of foodborne
diseases, HACCP, the Code, etc.- 2-102.11

- * PIC fails to have employees report illnesses- 2-201.11
Unauthorized people in food prep areas- 2-103.11 (B)

THERMOMETERS

Thermometers missing from hot or cold unit- 4-204.112

No thermometer for cooks use- 4-302.12

Thermometers inaccurate- 4-203.11

TRASH

Trashcans are dirty- 5-501.116

Cardboard box used as a trash can, is not
cleanable, durable or nonabsorbent- 5-501.13

Dumpster lids are open- 5-501.113

Dumpster lids are missing- 5-501.15

Dumpster not on a non-absorbent surface-
5-501.11

Drain plug not in-place in dumpster- 5-501.114

Unnecessary equipment in enclosure or litter- 5-501.115

TOXICS

- * Unlabelled spray bottle- 7-102.11

- * Improper storage of toxics- 7-201.11

- * Toxic item in establishment that is not needed for
cleaning or sanitizing equipment- 7-202.11

- * Toxic item is not approved for use in a food
service establishment- 7-202.12 (2)

- * Food stored in a container that once held a toxic
item- 7-203.11

- * Improper storage of medicines in a refrigerator-
7-207.12

- * Employees medicine stored improperly- 7-207.11

- *S First aid kit not labeled or improperly located-
7-208.11

- *S Toxic items for retail sales not separated by
partitioning or spacing, or are stored above food,
utensils, linens etc.- 7-301.11



FIELD SHEET AND CHAIN-OF-CUSTODY RECORD

Collector's Name (Please Print):				Description of Shipment			
				Shipped-Carrier:			
				Tape sealed and initialed			
				Hand Delivered No. Of Containers:			
Dept/Division/Program:							
Sample Number	Sample Collected	Site/Study/Description	County	Sample Type	Matrix	Container	Preserved
	Date:	GPS:		<input type="checkbox"/> Grab <input type="checkbox"/> Composite <input type="checkbox"/> Other:	<input type="checkbox"/> Water <input type="checkbox"/> Soil <input type="checkbox"/> Veg <input type="checkbox"/> Air <input type="checkbox"/> Milk Other:	<input type="checkbox"/> Cubitainer <input type="checkbox"/> Bag: <input type="checkbox"/> Other:	<input type="checkbox"/> Ice <input type="checkbox"/> <input type="checkbox"/>
<i>For Lab Use Only</i>	Time:						
	Date:	GPS		<input type="checkbox"/> Grab <input type="checkbox"/> Composite <input type="checkbox"/> Other:	<input type="checkbox"/> Water <input type="checkbox"/> Soil <input type="checkbox"/> Veg <input type="checkbox"/> Air <input type="checkbox"/> Milk Other:	<input type="checkbox"/> Cubitainer <input type="checkbox"/> Bag: <input type="checkbox"/> Other:	<input type="checkbox"/> Ice <input type="checkbox"/> <input type="checkbox"/>
<i>For Lab Use Only</i>	Time:						
	Date:	GPS		<input type="checkbox"/> Grab <input type="checkbox"/> Composite <input type="checkbox"/> Other:	<input type="checkbox"/> Water <input type="checkbox"/> Soil <input type="checkbox"/> Veg <input type="checkbox"/> Air <input type="checkbox"/> Milk Other:	<input type="checkbox"/> Cubitainer <input type="checkbox"/> Bag: <input type="checkbox"/> Other:	<input type="checkbox"/> Ice <input type="checkbox"/> <input type="checkbox"/>
<i>For Lab Use Only</i>	Time:						
Relinquished By:			Received By:		Date:		Time:
Relinquished By:			Received By:		Date:		Time:
Relinquished By:			Received By:		Date:		Time:
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